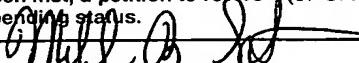


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371		ATTORNEY'S DOCKET NUMBER 65856-0069 U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 107519026
INTERNATIONAL APPLICATION NO. PCT/GB03/002850	INTERNATIONAL FILING DATE 3 July 2003	PRIORITY DATE CLAIMED 4 July 2002
TITLE OF INVENTION A SHIFT LEVER MECHANISM		
APPLICANT(S) FOR DO/EO/US Graeme A. Jackson		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)). a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p>		
Items 11 to 20 below concern document(s) or information included:		
<p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input checked="" type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: WO 2004/005764 A3 (2 pages); PCT/IB/304 (1 page); Return Receipt Postcard</p>		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known - see 37 CFR 1.15)		INTERNATIONAL APPLICATION NO. PCT/GB03/002850		ATTORNEY'S DOCKET NUMBER 65856-0069																															
21. The following fees are submitted:																																			
<input checked="" type="checkbox"/> a) Basic national fee \$300.00 <input checked="" type="checkbox"/> b) Examination fee \$200.00 <input checked="" type="checkbox"/> c) Search fee \$500.00																																			
TOTAL OF ABOVE CALCULATIONS = \$1000.00																																			
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.																																			
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)		RATE																															
- 100 =	/50 =			x \$250.00																															
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).																																			
<table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th colspan="3">RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>1 - 20 =</td> <td></td> <td>x</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td></td> <td>x</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="6">TOTAL OF ABOVE CALCULATIONS = \$1,000.00</td> </tr> </tbody> </table>						CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE			Total claims	1 - 20 =		x	\$	0.00	Independent claims	1 - 3 =		x	\$	0.00	MULTIPLE DEPENDENT CLAIM(s) (if applicable)			+	\$		TOTAL OF ABOVE CALCULATIONS = \$1,000.00					
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE																																
Total claims	1 - 20 =		x	\$	0.00																														
Independent claims	1 - 3 =		x	\$	0.00																														
MULTIPLE DEPENDENT CLAIM(s) (if applicable)			+	\$																															
TOTAL OF ABOVE CALCULATIONS = \$1,000.00																																			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.																																			
SUBTOTAL = \$1,000.00																																			
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).																																			
TOTAL NATIONAL FEE = \$1,000.00																																			
Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property																																			
TOTAL FEES ENCLOSED = \$1,000.00																																			
<table border="1"> <tr> <td colspan="2"></td> <td>Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>Amount to be charged:</td> <td>\$</td> </tr> </table>								Amount to be refunded:	\$			Amount to be charged:	\$																						
		Amount to be refunded:	\$																																
		Amount to be charged:	\$																																
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 18-0013 in the amount of \$ 1,000.00 to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 18-0013. A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																			
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the International Application to pending status.																																			
SEND ALL CORRESPONDENCE TO: Michael B. Stewart RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 (248) 594-0633 CUSTOMER NUMBER: 10291																																			
SIGNATURE:  NAME: Michael B. Stewart REGISTRATION NUMBER: 36,018																																			

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,000.00)

Complete if Known

10/5/19026

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Graeme A. Jackson
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	65856-0069

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
1	- 20 =	x	=	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	- 3 =	x	=

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 (round up to a whole number) x	=	<u>Fees Paid (\$)</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1631 Basic National Stage fee

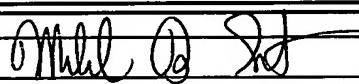
300.00

1632 National Stage search fee

500.00

1633 National Stage examination fee

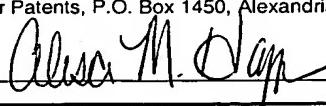
200.00

SUBMITTED BY			Registration No. (Attorney/Agent)	36,018	Telephone	(248) 594-0633
Name (Print/Type)	Michael B. Stewart		Date	December 22, 2004		

Fee Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 970866255 US, in an envelope addressed to: MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 22, 2004

Signature:  (Alisa M. Haggemo)

10/519026
DT01 Reg PCT/PTC 22 DEC 2004.

Application No. (if known): Not Yet Assigned

Attorney Docket No.: 65856-0069

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EL 970866255 US in an envelope addressed to:

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 22, 2004
Date


Alisa M. Blay
Signature

Alisa M. Haggemo

Typed or printed name of person signing Certificate

Registration Number, if applicable

(248) 594-0632

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (2 pages)
Application Data Sheet
Declaration of Inventorship (1 page)
WO 2004/005764 A3 (2 pages); PCT/IB/304 (1 page); Return Receipt
Postcard
Information Disclosure Statement
Preliminary Amendment
Second copy of published International Application
Transmittal Letter to the United States Designated-Elected Office
including all document identified on the Transmittal Letter
Charge \$1,000.00 to deposit account 18-0013